



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
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AUDITED FINANCIAL REPORT FILING TRANSMITTAL FORM - DUE JUNE 1

GENERAL INSTRUCTIONS:

All insurers are required to file an Audited Financial Report that has been prepared in accordance with the current NAIC Annual Statement Instructions, with this Department and with the NAIC. **THIS TRANSMITTAL FORM MUST BE COMPLETED AND ATTACHED TO THE COVER OF THE REPORT FILED WITH THIS DEPARTMENT** for identification and recording purposes.

SPECIAL INSTRUCTION FOR CONSOLIDATED REPORTS ONLY:

Each company authorized in Arizona must separately file a copy of the consolidated audited financial report with a Transmittal Form E-AFR to receive credit for the filing, because a copy of the consolidated report must be retained in each Annual Statement filed with this Department.

- **ARIZONA DOMESTIC INSURERS** must attach a copy of the letter issued by this Department **approving** the request to file on a consolidated basis.
- **FOREIGN INSURERS** must attach a copy of the letter issued by their state of domicile **approving** the request to file on a consolidated basis.

IMPORTANT – ENTER THE CALENDAR YEAR OF THE ATTACHED REPORT: _____

1. REQUIRED FILING IDENTIFICATION AND RECORDING INFORMATION:

Provide the NAIC Number, name and domicile of the authorized insurance company whose individual Audited Financial Report is attached, or on whose behalf this copy of a Consolidated Audited Financial Report is attached.

NAIC NO.

COMPLETE COMPANY NAME

DOMICILE

2. REQUIRED FINANCIAL INFORMATION:

Enter the **Capital/Surplus** amount from the Audited Financial Report that is **APPLICABLE TO THE COMPANY IDENTIFIED IN #1 ONLY** (not the consolidated amount for all companies) in the space below.

DO NOT ENTER AN AMOUNT THAT IS ROUNDED TO THOUSANDS OR MILLIONS

- If the Audited Financial Report figures are rounded to Thousands, ADD 3 zeros for the entry below.
- If the Audited Financial Report figures are rounded to Millions, ADD 6 zeros for the entry below.

CAPITAL/SURPLUS: \$ _____

PROVIDE THE COMPLETE NAME, TITLE, (COLLECT OR TOLL FREE) TELEPHONE NUMBER AND E-MAIL ADDRESS OF THE PERSON TO BE CONTACTED FOR QUESTIONS CONCERNING THIS REPORT:

Type or Print name and Title

Phone (toll free, if available)

E-mail address (if available): _____